



**REGISTRATION/
EMERGENCY FORM**

First _____ Last _____
 Street _____ Apt. # _____
 City _____ State _____ Zip _____
 HOME PHONE (_____) _____
 WORK PH (_____) _____
 CELL PH (_____) _____

EMAIL _____
 Name of Mother or Female Spouse _____
 Her Work Phone _____ Cell Phone _____
 Name of Father or Male Spouse _____
 His Work Phone _____ Cell Phone _____
 Emergency: Dr. _____ Dr. Phone _____
 Does the dancer have any chronic injuries, medical conditions, or food allergies?
 Explain _____
 School Attending _____ Dismissal time _____
 Birth Date Or Month of Birth _____
 Dance Studied _____ Where? _____ Yrs ? _____
 Dance Studied _____ Where? _____ Yrs ? _____
 Dance Studied _____ Where? _____ Yrs ? _____
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CLASS :	LEVEL	DAY	# Hrs
Ballroom			
Strch&Strng			
Ballet			
Tap			
Crtv Mvmt			
Jazz			
Belly			
Total Hrs			

ONE PAYMENT PLAN:
Tuition: ___ hrs = \$ _____.00
Registration fee \$ _____.00
Total due = \$ _____.00
 Ck # _____ Cash _____ Init. _____

TWO PAYMENT PLAN*:
Tuition: ___ hrs = \$ _____.00
Registration fee +\$20.00
Total = \$ _____.00
Divided by 2 = \$ _____.00
 1st Ck # _____ = dated NOW
 2nd Ck # _____ = *dated
Nov. 1 (fall) or April 1 (spring)
 *Both checks submitted together

MEDICAL WAIVER and PHOTO RELEASE

ALL DANCERS MUST SIGN THIS WAIVER/RELEASE PRIOR TO ENTERING CLASS!!!

The undersigned hereby acknowledges that he/she understands that participation in any of the dance activities with *Dancelot Studio* is purely voluntary. In consideration of Judith E. Vogel-Essex, and *Dancelot Studio*, making any equipment and/or facilities available to the undersigned while participating in any such activities, the undersigned hereby releases Judith E. Vogel-Essex, her teachers, and *Dancelot Studio*, it's successors, assigns, officers, agents, and employees from any and all claims, demands and causes of action whatsoever, in any way arising out of or resulting from the undersigned student's participation in the activities of said dance.

The undersigned further agrees that he/she understands that many of the activities of said dance involve substantial risk of bodily injury, property damage and other dangers associated with participation in dance activities. Dangers peculiar to activities normally enhanced by dance included, but are not limited to, bodily injury resulting from falls while using any of the dance equipment, or performing the wrong execution of an exercise.

It is expressly understood by the undersigned that he/she is solely responsible for any costs arising out of bodily injury or property damage sustained through participation in normal or unusual activities of dance. (The undersigned is encouraged to obtain adequate bodily injury or property damage coverage.)

If the undersigned is married and/or a minor, then the signature of the spouse, parent or guardian appearing in the space indicated below signifies acceptance by said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute a release by them of any and all claims, demands and causes of action whatsoever which they or any of them may have against Judith E. Vogel-Essex, her teachers, and *Dancelot Studio*, it's successors, assigns, officers, agents, and employees as a result of the undersigned student's participation in the activities described.

PHOTOGRAPHS OR VIDEO of the undersigned taken by *Dancelot Studio*, it's successors, assigns, officers, agents, and employees, may be used for publicity for the sole purposes of promoting *Dancelot Studio* or it's events on television, mailers, pamphlets, website, or posters. *Dancelot Studio*, it's successors, assigns, officers, agents, and employees, will not give or sell said material to an outside entity. *Dancelot Studio* is not responsible for the misuse of said pictures or video by an outside entity.

Today's Date _____

 Dancer / Student (*Signature*)

 Dancer / Student (**PRINT Name**)

 Parent / Guardian / Spouse (*Signature*)

 Parent / Guardian / Spouse (**PRINT Name**)